| | | | | | | | | | Application or Docket Number | | | | | |
|---|--|---|----------------------|-----------------------|-------------------------------|------------------|-------|----------------|------------------------------|------------------------|---------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOR | | | | | | | | 15/0/4 /0 | | | | | | |
| Effective October 1, 2001 7(0 10/046, 42つ | | | | | | | | | | | | | | |
| CLAIMS AS FILED - PART I | | | | | | | | SMALL ENTITY | | | | OTHER THAN | | |
| | | | (Column 1) (Column 2 | | | nn_2) | 7 | TYPE | | | OR | SMALL | ENTITY | |
| TOTAL CLAIMS | | | 17 | | | | | RAT | ш | FEE | | RATE | FEE | |
| FOR | | | NUMBER F | LED | NUMBER EXTRA | | | BASIC FEE 3 | | 370.00 | OR | BASIC FEE | 740.00 | |
| TOTAL CHARGEABLE CLAIMS | | | N min | us 20# | • | | | X\$ 9= | | | OR | X\$18= | 1 | |
| INDEPENDENT CLAIMS | | | X mir | nus 3 = | | | | X42= 7 | | 210 | OFI | X84= | 484 | |
| MU | LTIPLE DEPEN | DENT CLAIM PE | RESENT | | · | □ | | | +140= | | OR | +280= | 280 | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOT/ | NL. | 140 | OR | TOTAL | KUYU | |
| 1 | CLAIMS AS AMENDED - PART II | | | | | | | | | | | OTHER | | |
| 4: | (Column 1) (Column 2) (Column 3) | | | | | | | SMA | LL I | ENTITY | OR | SMALL | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENOMENT | | NUM PREV | IEST IBER OUSLY FOR | PRESENT EXTRA | | RAT | E | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | • 19 | Minus | ** 0 | QQ | • 6 | | X\$ 9 | E . | _ | OR | X\$18= | | |
| ME | Independent | • 4 | Minus | 2 | 3 | • | | X42 | Ξ. | | OR | X84= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +140 | =. | | OR | +280= | | |
| i . | | | | | | | | | TAL | | OR | TOTAL | | |
| 14 | (Column 1) (Column 2) (Column 3) | | | | | | | | ADDIT. FEEON ADDIT. FEE | | | | | |
| | / | (Column 1) CLAIMS | | HIG | HEST | 1 | 1 | | - | ADDI- | 1 | | ADDI- | |
| ENT B | | REMAINING AFTER AMENDMENT | | PREV | MBER NOUSLY DEOR | PRESENT | | RAT | Ę | TIONAL FEE | | RATE | TIONAL FEE | |
| AMENDMENT | Total | •, 2,2 | Minus | ••• | +0 | • 22° | | X\$ 9 | = | | OR | X\$18= | | |
| | Independent | • 14 | Minus | TOWN & | T CLANA | - 4. / | 1 | X42 | • | | OR | X84= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +140 | = | | OR | +280= | | |
| | \$ 25 to 1 14 C profer | | | | | | | TO ADDIT, F | TAL EE | | OR | TOTAL ADDIT, FEE | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | | , | |
| 10 | | CLAIMS REMAINING | | | HEST MBER | PRESENT | | | | ADDI- | | | ADDI- | |
| E | | AFTER AMENDMENT | | PREV | TOUSLY O FOR | EXTRA | | RAT | Ε | TIONAL FEE | | RATE | TIONAL FEE | |
| AMENDMENT C | Total | • | Minus | ## | | = | | X\$ 9 | = | | OR | X\$18= | | |
| | Independent | * | Minus | 4411 | | • |] | X42 | | | OR | X84= | | |
| K | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | \dashv | | | | | |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | • | | OR | +280= | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." Of | | | | | | | | | | | OR | TOTAL ADDIT. FEE | | |
| - | "If the "Highest Nu The "Highest Nur | imber Previously Pr mber Previously Pr | aid For (Total o | is space i Indepen | : 15 1859 thi Ident) Is th | e highest numb | er fo | und in th | e ap | propriate bo | x in co | dumn 1. | | |